

**Form 711**

State Form # 50226 (6-01)

Rev. 03/01



Indiana ID/USDOT Number \_\_\_\_\_

(To be completed by dept.)

**Joint Application for Emergency or  
Temporary Authority**

Before the Indiana Department of Revenue, joint application for \_\_\_\_\_ authority  
(Emergency Temporary or Temporary)

pending the sale and transfer of \_\_\_\_\_  
(Certificate or Permit Number)

**1. Purchaser Information**

a. Purchaser's Name (include DBA, if appropriate) \_\_\_\_\_  
\_\_\_\_\_

b. Street Address \_\_\_\_\_

c. City, State, Zip \_\_\_\_\_

d. Telephone \_\_\_\_\_ County \_\_\_\_\_

e. Principal Place of Business in Indiana (if other than above):

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)  
\_\_\_\_\_  
(County)

f. Check One: Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Individual \_\_\_\_\_

g. If purchaser is a partnership, give the name and address of each member thereof; if purchaser is a corporation, give the name, title, and address of each principal officer.

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

h. If purchaser is a corporation, provide the State and the date of incorporation.

\_\_\_\_\_  
(State) (Date of Incorporation) (Total Number of Shares Outstanding)

Last year annual report was filed with Indiana Secretary of State \_\_\_\_\_

- i. List the name of each shareholder and the number of shares held by each shareholder:

Name	Number of Shares

- j. List all other Motor Carrier Companies which hold Indiana Intrastate Authority in which each shareholder has an interest. Provide the Indiana Intrastate Certificate or Permit numbers held by these companies.

Motor Carrier Company	Certificate or Permit No.

- k. If currently operating under an Indiana Certificate or Permit, provide the number:

Certificate Number \_\_\_\_\_ Permit Number \_\_\_\_\_

## 2. Seller Information

a. Seller's Name \_\_\_\_\_  
\_\_\_\_\_

b. Street Address \_\_\_\_\_

c. City, State, Zip \_\_\_\_\_

d. Telephone \_\_\_\_\_ County \_\_\_\_\_

e. Principal Place of Business in Indiana (if other than above):

\_\_\_\_\_  
 (Street Address) (City) (State) (Zip)  
 \_\_\_\_\_  
 (County)

f. Check One: Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Individual \_\_\_\_\_

g. If seller is a partnership, give the name and address of each member thereof; if seller is a corporation, give the name, title, and address of each principal officer:

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

h. If seller is a corporation, provide the State and the date of incorporation.

(State)

(Date of Incorporation)

(Total Number of Shares Outstanding)

Last year annual report was filed with Indiana Secretary of State: \_\_\_\_\_

i. List all Indiana Intrastate Authority Certificate or Permit Numbers which the seller will be retaining.  
(Attach Copies)

j. Is the seller currently in bankruptcy? ☐ Yes ☐ No

If Yes, indicate cause number, date of filing and in what court filed: \_\_\_\_\_

k. Has any shareholder, partner or owner of seller ever been a shareholder, partner or owner of a Motor Carrier which has filed bankruptcy? ☐ Yes ☐ No If Yes, complete the following:

Name of Shareholder, Partner, or Owner	Motor Carrier	Date of Bankruptcy Petition	Cause No. of Bankruptcy Petition	Court filed in

Did this Motor Carrier hold Indiana Intrastate Authority? ☐ Yes ☐ No If Yes, what happened to the Certificate or Permit as a result of the Bankruptcy? \_\_\_\_\_

l. Has the seller performed continuous and adequate service under the Certificate or Permit now pending sale and transfer? \_\_\_\_\_

m. In support of this application, please attach a copy of the certificate or permit being transferred including the scope of authority granted by the Department.

WHEREFORE, the joint applicants ask that the Indiana Department of Revenue grant \_\_\_\_\_  
(Emergency Temporary or Temporary)  
authority to purchaser pending the sale and transfer of \_\_\_\_\_ number \_\_\_\_\_,  
(Certificate or Permit)

authorizing the operation of motor vehicles as a common or contract carrier over the public highways of the State of Indiana upon the route and between the points and serving the cities and towns as authorized by the above numbered certificate or permit.

\_\_\_\_\_  
(Signature of Attorney or Representative or Purchaser)

\_\_\_\_\_  
(Signature of Purchaser)

\_\_\_\_\_  
(Print Name of Attorney or Representative)

\_\_\_\_\_  
(Print Name of Purchaser)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone Number)

**STATE OF** \_\_\_\_\_ )  
\_\_\_\_\_) **SS:**  
**COUNTY OF** \_\_\_\_\_ )

Before me the undersigned, a Notary Public for \_\_\_\_\_ County, State of Indiana, personally appeared \_\_\_\_\_,  
and he being first duly sworn by me upon his oath, says that the facts alleged in the forgoing instrument are true. Signed and sealed this  
\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Signature) Notary Public

\_\_\_\_\_  
(Printed Name)

County of Residence: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Attorney or Representative of Seller)

\_\_\_\_\_  
(Signature of Seller)

\_\_\_\_\_  
(Print Name of Attorney or Representative)

\_\_\_\_\_  
(Print Name of Seller)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone Number)

**STATE OF** \_\_\_\_\_ )  
\_\_\_\_\_) **SS:**  
**COUNTY OF** \_\_\_\_\_ )

Before me the undersigned, a Notary Public for \_\_\_\_\_ County, State of Indiana, personally appeared \_\_\_\_\_,  
and he being first duly sworn by me upon his oath, says that the facts alleged in the forgoing instrument are true. Signed and sealed this  
\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Signature) Notary Public

\_\_\_\_\_  
(Printed Name)

County of Residence: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

## **Instructions for Joint Application for Emergency Temporary or Temporary Authority Pending the Sale and Transfer of Certificate or Permit**

Please read these instructions carefully before completing the application.

The application for emergency temporary or temporary authority pending the sale and transfer of a certificate or permit must be typewritten. The original and one (1) copy of the application must be filed.

Each line of the application must be completed. If a line is not applicable to you or your company, you should type "N/A" in the space provided for the answer.

A corporation must be represented by an attorney under the requirements of I.C. 34-9-1-1.

In order for the application to be processed by the Department, you must include the following with your application:

1. A filing fee of fifty dollars (\$50.00); make checks payable to the Indiana Department of Revenue;
2. Three (3) copies of a tariff (if you are seeking authority to operate as a common carrier); or  
  
Three (3) copies of a schedule of minimum rates and a copy of each proposed contract, or a copy of the contract, or a copy of the contract with rates attached (if you are seeking authority to operate as a contract carrier);
3. Proof of insurance as required by I.C. 8-2.1-22-46 and 45 IAC 16-1-2;
4. A certificate from the Secretary of State of Indiana showing that you are registered to do business in Indiana (if your company is a non-resident corporation); or

A certificate of existence from the Secretary of State of Indiana (if your company is an Indiana corporation).

If you have any questions regarding this application, please contact the Department at:

**Indiana Department of Revenue  
Motor Carrier Services  
Insurance and Safety Unit  
5252 Decatur Blvd., Ste. R  
Indianapolis, Indiana 46241  
or call (317) 615-7290**